

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091560105

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/				
50		/				
TOTAL IND.	1					
TOTAL DEP.	53					
TOTAL CLAIMS	54					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						